DOCUMENT RESUME

ED 250 848 EC 170 882

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TITLE Child Abuse and Neglect: Everyone's Problem.
INSTITUTION Association for Childhood Education International, Washington, D.C.
REPORT NO ISBN-0-87173-106-1
PUB DATE 84
NOTE 35p.; Based on a publication distributed by the University of Arizonia Extension Service.
AVAILABLE FROM Association for Childhood Education International, 11141 Georgia Ave., Suite 200, Wheaton, MD 20902 ($4.50 member, $5.40 non member).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Child Abuse; *Child Neglect; Family Problems; *Intervention; *Parent Child Relationship; Prevention; Student Characteristics

ABSTRACT

The booklet presents basic facts about child abuse. It is intended for the person who knows very little about the problem but wants to get involved in finding some solutions for the future. Initial sections touch on the nature and scope of abuse. Physical, emotional, sexual, social, and educational types of abuse are examined, and myths related to abuse are considered. The cycle of abuse is described as are behavioral characteristics of abusive parents and abused children. Legal knowledge and responsibilities regarding the reporting of abuse are summarized via a question and answer format. Long-term solutions include advocacy for children's rights, child development information and education, and self-help programs. A list of resources concludes the booklet. (CL)

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Child Abuse and Neglect

Everyone's Problem

Shirley O'Brien

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Child Abuse and Neglect

Everyone's Problem

Shirley O'Brien

This booklet was authored by Shirley O'Brien, Human Development Specialist, and edited by Alberta Johnson, Assistant in Extension, Human Development, University of Arizona Cooperative Extension Service. It is based on a publication currently being distributed by the University of Arizona Extension Service. Second Edition July 1, 1984. Tucson, Arizona 85721.

ASSOCIATION FOR CHILDHOOD EDUCATION INTERNATIONAL
11141 Georgia Avenue, Suite 200, Wheaton, Maryland 20902

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Library of Congress Cataloging in Publication Data
O'Brien, Shirley
Child abuse and neglect, everyone's problem.
Includes bibliographical references.
1. Child abuse—United States. I. Title.
HV741.0275 1984 362.7'044 84-20351
ISBN 0-87173-106-1

1984 Comprehensive Membership Order

We Can Combat Child Abuse

Angie, a 5-year-old, repeatedly touched the candy cigarette to the legs and arms of the doll she was holding. "That must really hurt the dolly," said the teacher at the day care center.

"It does. I know 'cause Mommy does it to me all the time."

At that moment, the teacher at the day care center had two choices: she could ignore what she had just seen and heard or she could make a child abuse report. What would you have done in her place?

You may think: "I don't know what I would have done. I'm just glad it's her problem, not mine." If so, you are not alone in your thinking. Many people feel the same way. They feel that abuse is the problem of "those" people—the ones who work at social service centers, schools, doctors' offices or hospitals.

Child abuse, however, is not exclusively a problem of people who work with children every day. Consider this sign seen on the side of a city bus:

EVERY ABUSED CHILD WAS KNOWN BY SOMEONE.
WERE YOU THAT SOMEONE?

Holding a lighted cigarette to a child's body illustrates only one abusive act. Examples of abuse and neglect include every cruel act imaginable—some of them beyond our imagination. Shocking, distressing cases *have* happened, they *are* happening, and they will *continue* to happen unless we all pull together to stop them.

Child abuse concerns *everyone* because we all have some contact with children—in our homes, in our neighborhoods, on the street, in the park, on the bus, at the grocery store and in places of worship. Children are a part of our everyday lives. They are also a part of our future. Look at it this way: as children grow to adulthood, they will eventually take over where we leave off. So, in order to provide for our future world, we must be concerned about the best growth and development of today's children.

Child abuse occurs every day—everywhere. The problem will not go away by itself. If we do not solve it, it will become our grim legacy. If we admit that child abuse is everyone's problem, then we must seek solutions.

What do we do? Where do we start? Are we overwhelmed by the task? This booklet provides some answers to these questions. These basic facts are written for the person who knows very little about the problem but wants to get involved in finding some solutions for the future. You, the reader, are encouraged to jot down questions and comments as you read through the booklet. A resource list is provided at the end of the book for further exploration and discovery.

Chapter One

What Is Child Abuse?

Child Abuse refers to an act, committed by a parent or person caring for a child, which is not accidental and which harms or threatens to harm a child's physical or mental health or welfare.

The Child Abuse Prevention and Treatment Act (PL93-247) defines child abuse and neglect as: "Physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened." This law gives a "bare-bones" definition of child abuse, and *child neglect* is included as a part of it.

Child neglect refers to an act of omission, specifically the failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and proper level of care with respect to food, clothing, shelter, hygiene, medical attention or supervision. Severe neglect sometimes occurs because a parent is apathetic, impulse-ridden, mentally retarded, depressed or psychotic.

It is difficult to separate child abuse from child neglect. In some cases a neglectful situation is also a psychologically abusive one. On the other hand, a child suffering from physical, mental and emotional abuse may not be eating properly, may have been isolated in the home and is probably not attending school regularly. Consider the case of Jimmy:

Jimmy, a 2nd-grader, has missed more school than he has attended the last few months. His hair is matted, his teeth are decayed, and his clothes are spotted. Other children taunt him and say he smells. His parents are alcoholics and don't take care of him. Jimmy is not doing well in school and has few friends. Jimmy is neglected to the point of being abused.

So, in many situations, neglect becomes abuse and vice versa. For the purpose of this book, *we will refer to child abuse and child neglect as one and combine them under the label of "child abuse."*

Chapter Two

How Widespread Is Child Abuse?

In 1982, 929,000 abuse cases were reported in the United States. These statistics reflect *only* the *reported* cases. Authorities believe only a *fraction* of the total number of cases is actually reported. In 1982, 851 children died as a direct result of child abuse as reported in the 50 states and five U.S. territorial jurisdictions. The majority of these died from severe neglect and were quite young, averaging 3.3 years of age. These 1982 figures reflect a 9 percent increase over the 1981 reported cases.

Estimates indicate that at least two and as many as 15 children die each day from abuse. Another way to put it: every four hours abuse claims another child's life. In the United States, child abuse is one of the leading causes of death in children. This fact is difficult to understand when one considers the number of fatal accidents and infectious diseases from which children die. Many more are permanently handicapped, either emotionally, physically and/or mentally.

Severe physical abuse of a young child almost always has long-lasting effects, resulting in difficulties in growth and development. Many abused children experience long-range mental retardation, physical retardation, brain damage, learning disabilities, physical defects, neurologic problems, psychological problems and growth failure. In many cases, abused children score lower than non-abused children on both verbal and IQ measures.

Evidence of early abuse or continued abuse shows up in classrooms, in youth groups and in neighborhoods. These children seem to be unable to enjoy life and tend to withdraw from normal social relationships. Abused children fall behind their peers in toilet training, motor skill development, socialization and language development.

Because the personal dignity of these children has been assaulted, their sense of self-worth has been lessened. In fact, many abused children carry a poor self-image for the rest of their lives. Little doubt exists that the long-term results of early or continued abuse are crippling and faulting for life.

The short-term effects of physical abuse are usually obvious bruises, scars, broken bones, broken teeth, abrasions, cuts and even death. Short-term injuries may heal quickly, but the real damage is an internalization process that shows up later as the child is measured against other children of the same age.

Unless these children receive adequate treatment, they will not develop the social, psychological intellectual and emotional skills needed to be happy, healthy, productive members of society.

And, unless changes are made in prevention and treatment, there will be millions of cases of child abuse in the next 10 years which will include deaths and permanently injured (mostly brain-damaged) children.

Statistics on child abuse tell only a part of the story because, unfortunately, abuse cases are not as commonly reported as even less serious crimes. Statistics presented in this section may be significantly less than the true numbers and may represent only the tip of the iceberg, so to speak. Yet these conservative statistics are impressive and truly distressing. And, as the statistics seem to agree, if the pattern of abuse is allowed to continue, abused children will become abusive parents.

Chapter Three

What Are Some Types of Abuse?

If asked to describe child abuse, you would probably talk about bruises, welts, black eyes and scratches—the type of injuries that result from physical beatings. Although this type of abuse may be reported more often than others, it probably is not as common as other kinds of abuse or neglect. Because the results of physical abuse are easily seen, it rates high in the number of reports made and receives media attention. Some of the types of abuse that are less visible but may occur more often are emotional, sexual, social and educational in nature. In order to clearly understand the various types of abuse which make up the whole picture of child maltreatment, we need to discuss each abuse separately.

Physical Abuse

When Jerry, a 6-year-old, bent over the drinking fountain, belt marks were clearly visible on his neck and arms. His father had beaten him when he refused to spell "butterfly" correctly.

Physical abuse occurs when an adult injures a child and it is not an accident. A physical beating is probably the most common cause of physical abuse but it could also include:

- kicking
- stabbing
- burning
- chaining
- shaking
- dropping the body
- shooting
- scalding
- strangling
- freezing
- throwing the body

There is a fine line between out-of-control behavior and actual abuse. In all honesty, we must admit that our world is not always calm and serene.

We all have experienced those moments, moods and situations that tip the balance between in-control and out-of-control behavior. When pushed to our limits and beyond, we may use actions, words and behaviors that we regret later. The clear realization dawns on us that, at some point and under certain circumstances, we are all capable of child abuse. So, if we have this capability, we also have the capability to stop it—to do something about this complex problem.

Sometimes parents are told that spanking a child with the hand is probably not abusive but that using some kind of weapon, like a stick, rod, brush or strap, is abusive. This is probably not a good distinction. Although the parent's hand will begin to sting with many hard strikes and the spanking may stop, abusive parents have admitted that they didn't know how many times they spanked their child. What they recall as "maybe two or three times" was, in reality, 12 or 15 times. Such parents blank out most of the blows just as an alcoholic blanks out the number of drinks imbibed.

Another important question to consider is: Where was the child hit? When a child is hit around the face or head, tiny hemorrhages can occur all over the brain. Even one hard blow can cause some form of mental retardation. Shaking, kicking or dropping the body can also cause brain damage or other physical damage. Physical abuse comes in many forms. It can happen just once or occur many times over a period of days, weeks or years. No matter how it happens, it is a tragic situation. Abusive parents need help in order to gain control of their lives and understand the underlying causes for their actions.

Emotional Abuse

Tommy is 8 years old and reads at the 1st-grade level. He has given up trying to improve. His father, a prominent businessman, constantly criticizes his son's school performance and calls him "stupid." Tommy isn't successful at reading, math or much of anything. He is withdrawing more and more at home and school.

Emotional abuse deeply affects a child's self-esteem. A child described as a "good-for-nothing, dumb kid" over and over again soon begins to believe it and act like one.

In some families, one child may be singled out from the rest to receive emotional or verbal abuse. There may be no reason for this behavior except that it begins to happen and feeds upon itself. A family that gives a child the "silent treatment" may never understand the extent of the mental and emotional anguish it causes the child. As a result, children exhibit negative behavior to get attention. Consistent, negative attention-getting behavior often results in physical abuse. In other words, the child who is ignored reacts negatively, gets slapped, pushed around or beaten but rationalizes that physical abuse is better than the silent treatment. These children believe that physical abuse is some form of attention from the parent and is preferable to being ignored.

Emotional abuse comes in many forms and disguises and usually occurs on a regular basis. Some examples of abusive action are:

teasing	browbeating
deserting	downgrading
name-calling	continually criticizing
mistrusting	or threatening

Another type of emotional abuse is simply a parent's disinterest in the child. Although a parent may love and try to care for a child, life may be so overwhelming it prevents the parent's coping with stressful situations and meeting the child's basic needs. This type of abuse may be the consequence of the parent's unstable economic situation, out-of-control behavior, anger or the need for nurturing from others. Parents who have taken no interest in their children not only cause lifelong problems for their sons and daughters but also miss knowing and understanding an important part of themselves.

Sexual Abuse

The results of recent research indicate sexual abuse is much more common than had been thought. In fact, sexual abuse is being called "the most under-reported crime in the United States."

The term "child sexual abuse" covers many kinds of activities: exhibitionism, fondling, pornography, molestation, incest, prostitution, assault, forcible rape and more.

The physical manifestations of child sexual abuse include not only sexual intercourse itself, but every type of deviant sexual act. It is impossible to describe adequately the complex nature of child sexual abuse in a few simple terms, but an attempt might be: sexual contact forced upon a child by an adult, including premature stimulation of a child's sexuality.

Again, reported statistics tell only part of the story—the tip of the iceberg. According to the reported cases, however, incest between fathers and daughters is the sexual abuse that occurs most often. Incest is described as sexual intercourse between a child and a family member, such as a father, brother, grandfather or uncle. Consider Kathy's situation.

Kathy, a junior high girl, becomes more and more withdrawn in school. At this time last year she was on the honor roll. This year she is four months pregnant. The father of the baby is Kathy's father, who has been sleeping with her for over a year. Kathy is scared to tell anyone about her problem because her father says he will have to go to jail and the whole family will fall apart. It will be all Kathy's fault. Kathy's mother suspects something is wrong but is afraid of being beaten if she says anything about it. Something will have to be done soon.

Until the past few years, incest has been a taboo topic. Fortunately, more reports are now being made because of increased efforts by the media to bring the topic out of the closet.

Another type of sexual abuse which is increasingly being reported is child sexual molestation.

Sexual molestation is defined as a sexual act or contact, such as touching private parts of a child's body, exposure, masturbation or intercourse.

The Federal Child Abuse Prevention and Treatment Act of 1974 defines child sexual abuse as "the obscene or pornographic photographing, filming or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened thereby. . ."(1) "Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the abuser is in a position of power or control over another child."(2)

Jane, 7 years old, dreads staying with Jerry, the teen-age baby sitter in the neighborhood; she feels very uncomfortable when Jerry tells her good night because he makes her sit on his lap while he strokes her chest and her legs. Jane is too embarrassed and ashamed to tell her mother.

Although some sexual abuse occurs between adult women and children, in a majority of cases it is the adult male who is the perpetrator of child sexual abuse. Both young girls and boys are victims. Most of the reports indicate sexual abuse is carried on by someone who is well known to the child either within the family or outside. There may be more reported girl victims but boys are victimized in equal numbers. The stigma of the actual abuse combined with the fear of becoming a homosexual prevents boys from reporting.

In a 1983 study, D.E. Russell (3) surveyed nearly 1,000 adult women as to the incidence of sexual abuse in their childhood. Thirty-eight percent reported at least one incident before age 18 and 28 percent reported at least one incident before age 14. Only 2 percent of the in-family cases and 6 percent of the outside-family cases were reported to the police. The results of this new study support the "tip of the iceberg" theory of reported cases.

The reasons why incest and molestation take place may be as difficult to pin down as the actual statistics, but one answer to this mystery may lie in the way some people view others. Some parents or caretakers feel that the children in their care are their property to do with as they wish. They have the notion that the child is their slave, over whom they hold complete mastery or power. In these relationships, incest and molestation can occur. Children, by their very nature, are trusting and obedient. Because of their age, lack of experience and dependence on adults, children are vulnerable in the best of circumstances. Adding the element of sex makes the child-adult trust level very fragile.

Child sexual abuse, particularly the pornographic part of it, carries the implications that young children want to be sexual and that children will come out of the experience unharmed, even better off, because of it. This gives perpetrators the idea that sexual abuse is an acceptable, even desirable thing to do. The greatest myth of child sexual abuse is that a child wants sex.

Social Abuse and Neglect

Social abuse may not have as severe an effect on a child as some other types of abuse, but it is no less destructive to a child's optimum growth and development. Social abuse may start early and continue through a child's life. Parents may so over-protect their children that they never learn to make independent decisions, experiment or try things on their own. Stifling or discouraging children's natural curiosity over a period of time often leads them to stop trying to be individuals and begin relying entirely on their parents for instruction and direction. Billy's situation illustrates a type of social abuse:

Billy, 10 years old and an only child, has no playmates even though several classmates his age live nearby. Billy's parents devote a lot of time to him and do not want him to associate with active or loud children. In fact, Billy's parents have yet to meet anyone who meets their ideal standards for 10-year-olds.

Another type of social abuse happens when a child is poorly dressed, dirty and smells, and the parents do nothing about it. Poor personal hygiene may result in a child's becoming the butt of class jokes and teasing. Parents who pretend not to care that their child is a laughing stock are practicing abuse.

Social abuse may also appear when a child is malnourished because of having been deliberately underfed.

Mary, almost 12 years old, weighs only 50 pounds. She is thin, anemic and listless. The only meal she eats is a school lunch; there never seems to be food at home, where the rule is "fix your own." Both parents work irregular hours. Neither parent takes responsibility for Mary; Mary has been on her own since she was a toddler.

This type of abuse may lead to the child's missing out on the social life others are involved in and shying away from sports and exercise. Both physical and social abilities are limited by this kind of deprivation.

A social abuse occurs when a parent deliberately gives a child alcohol or other dangerous drugs. Because of the small size of the child's body, tolerance for drugs is very low, and the child's behavior can be altered with a very small amount of the drug substance. Parents who think it is "cute" to see a child stagger and fall because of a drug overdose need help.

Social abuse becomes critical when a concerned adult, such as a teacher or youth leader, has talked with the parent who takes no action; has tried setting up appointments, and the parent doesn't show up; or has arranged for financial assistance, and the parent doesn't act. If this approach fails, the problem should be turned over to the child protective agency.

Educational Abuse

Educational abuse may appear when a child misses school day after day to care for younger brothers and sisters. In single-parent families and two-parent families where both parents work outside the home, an older child may have to stay home to care for a younger child who is ill. In many families this happens occasionally: when it becomes a pattern, educational abuse begins to occur.

Another type of educational abuse often practiced by young parents is to conceive a child without concern for child-rearing or child-guidance practices. Although child rearing may be one of the most difficult jobs parents face, few take courses, read books or strive to prepare for it. "Being a parent just happens," so they say. There are excellent books, courses, magazine articles and television programs that present positive parenting practices. Young parents must be encouraged to seek out ways to be the most effective parents they can be.

Failing to provide proper sex education is closely tied to this type of educational abuse. Parents often feel uncomfortable and embarrassed about discussing sex. They do not know how to provide information that fits their child's age and learning ability. Since sex education occurs slowly over a long period of questioning, observation and curiosity, it must begin the day the child is born and continue through the young adult years. All parents have the responsibility to teach their child how the human body functions sexually. Failure to do so is a form of educational abuse.

Myths Relating to Child Abuse

Some myths exist which hamper the identification, reduction and reporting of child abuse. Let us examine several myths, some of which are long-standing and universally believed.

The Child-oriented Society Myth says that America is a youth-focused society that meets the needs of even its smallest members; whereas in fact, many of the basic rights of children are being violated every day. The incidence of infant mortality and maternal childbirth deaths is high for our modern technological status. Millions of children receive only marginal health care, suffer from hunger and malnutrition, or may still spend their childhood in foster homes.

Another popular myth is the *Biologic Ability To Parent* myth which states that if you have the biologic ability to *have* a child, then you automatically know *how* to be a parent. Parenting is not an automatic skill or talent that suddenly emerges at the birth of a child; rather, parenting skills can be learned by seeking resources such as mentioned above and then practicing the newly learned guidelines for discipline and care.

The *Beautiful Baby* myth is a closely related untruth often held by young parents or parents-to-be. The myth says that all babies are soft, clean and never scream. It also holds that when babies are born, they look like the ones in the television ads and magazine displays. Most of these baby "models" are 2 or 3 months old, adjusted to schedules and people, and on their best behavior, quite unlike most newborn babies.

The *Madonna* myth goes along with the Beautiful Baby myth in that it states that mothers (and fathers) are always loving, calm, in control and smiling. These myths are simply not true to life; families have their ups and downs. Crisis situations are not uncommon with young parents and young children.

A dangerous myth that can foster child abuse more than any other is the *Children as Property* myth. This myth goes something like this: "Children are the property of their parents"; "A child should be seen and not heard"; "A person's home is his/her castle." This type of thinking promotes an abnormal parent-child relationship in that it disregards the child as a person with basic rights. The rationale that parents can do anything they want in their home perpetuates the avoidance of responsibility on the part of neighbors, friends and the community. This behavior is not just a personal problem but a community responsibility that requires active community involvement and participation in order to change.

Finally, the *It's the Other Person* myth covers probably everyone who reads this booklet. One tends to think of child abusers as "those people" rather than considering that under particular circumstances or conditions, "It could be me."

Dispelling these popular myths is a first step toward combatting the problems of child abuse.

Barriers to Solving the Abuse Problem

Some barriers to solving child-abuse problems have already been discussed such as the myths about abuse. There are, however, barriers that make the solution to the child-abuse problem particularly difficult.

- Potentially abusive parents are embarrassed to seek help.
- Situations that result in child abuse are often uncontrollable.
- It is often difficult to get information to those who need it the most.
- Preventive programs are not widespread. They tend to be clustered in urban rather than rural areas.
- There is no definite criterion for defining or pinpointing abuse that is accepted by professionals who work with abusive families.
- Many cases of child abuse are not reported.
- A majority of people lack knowledge regarding the reporting procedure.
- There is a lack of commitment on the part of the public to get involved in reporting abuse cases.

Chapter Four

Who Are Abusers and Abused?

Child abuse frequently follows a generational pattern. In other words, parents who abuse or neglect their children were often abused or neglected when they themselves were children. In fact, reports indicate that as high as 35 percent of all families who abuse their children fit into this cycle of abuse. Because parents tend to rear their children as they were reared, and may be unaware of other parenting methods, abusive parents often require outside help in breaking the pattern of child abuse.

The Cycle of Child Abuse

One authority, Ray E. Helfer, M.D., describes this cycle of abuse and neglect as the "World of Abnormal Rearing" (W.A.R.), in which each action stems from a previous one.

It often begins with a conception that results in an unwanted pregnancy. The child is born into an atmosphere of unrealistic expectations. In other words, the parent either expects too much or too little from the child. To cope, the child learns how to take care of the parents or offer them comfort rather than being comforted by them. The normal roles are reversed. Such children do for others, rather than demanding that others serve them. In such situations it is obvious children can't always please adults and may even be punished for trying. Consequently, they never learn to trust their care-givers; and since trust is basic to normal development, a large part of proper childhood development is missing.

Distrust, insecurity or fear leads to isolation. The child withdraws and decides that he or she is going to have to solve problems alone because adults cannot be relied on to help. Of course, children can't solve all their problems. They don't have the skills, abilities or experience to cope, so they fail. Then they begin to feel they are "no-good failures."

As they move through the school years, they haven't gained the confidence to make and keep friends. They don't know how to share experiences because they feel they can't trust others. Supportive teachers and classmates are not a part of their world because they do not get close to others.

Because they have trouble learning to trust close friends, they also fail to select helpful, supportive mates. They choose mates who, like themselves, are lonely, isolated, maladjusted people who cannot meet the basic needs of others.

When this kind of couple conceives and gives birth to a child, the cycle repeats itself.

All types of people are intermeshed into this cycle of child abuse. No one particular set of characteristics fits all abusing parents or caretakers. Parents who abuse or neglect children do not appear unusual or different

from parents who are not abusive. They are not "weirdos," "nuts" or psychotics. Studies show only 10 percent of all abusive parents are considered seriously mentally ill or unusually sadistic or cruel.

Abusing parents are usually ordinary people caught up in the complexities of life. Many reasons may exist for their world to reel out of control. Often, child abusers are called "copeless." They are unable to cope with complex problems in their lives. They are often isolated by their own choice and find it difficult to reach out to others for the support and help they need in order to gain control of their lives.

Abusive parents come from all walks of life. Abuse cuts across every spectrum of American life, regardless of the color of skin, ethnic background, religious heritage, residence or amount of money earned. Abusers are white, black, brown, yellow and red. Abusers are atheistic, agnostic, Protestant, Catholic and Jewish. They live in the wealthiest areas and in the ghettos. They live in city homes and on rural farms. They are white-collar professionals in high-paying, responsible positions; blue-collar workers in menial jobs; and all collar-colors between.

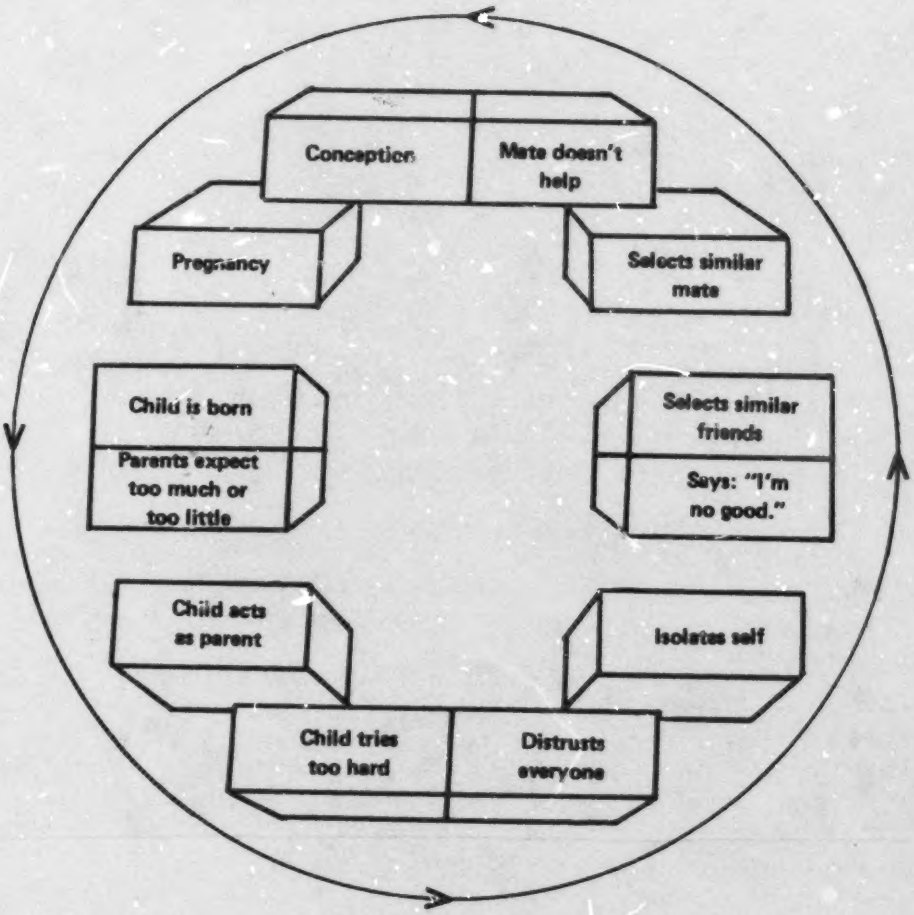
Child abuse is committed by men and women equally. Most abuse among low-income groups is reported quickly because they turn to public facilities and clinics for services. Reports are slower for people who can afford to "shop around for a new doctor" each time abuse occurs.

It is almost impossible to say that certain factors or even a set of factors can fully account for the occurrence of child abuse. Individuals and families who live under conditions of social stress identical to those of abusive families do not become abusers. Even children with characteristics identical to those of maltreated children do not become abused.

Why is this so? The paradox points to some type of interaction among the parent, the child and the constantly changing environment. Something happens when these three variables interact to allow abuse to occur. For instance, the parent usually copes with the child until things go wrong. If a sudden crisis like a job loss, a new baby or a family illness causes concern, a child may act negatively and the parent can't cope. A potentially abusive situation arises under these conditions. Also, conditions may slowly change over a period of time. A parent might gradually drink more alcohol, have financial problems, lose the ability to love or be loved, or lack the proper information about what to expect from children at each age level. Any combination of these circumstances might push the parent to abuse.

Behavioral Characteristics of Abusive Parents

As we discuss some general characteristics of the abusive parent and the abused child, we must remind ourselves that each case is different, each family unique and each set of circumstances unusual. These characteristics can only provide a guideline, not a recipe, to help us understand the complex, varied people who are caught in the abuse cycle.



The Cycle of Child Abuse

The following behavioral clues may indicate that a parent has abusive tendencies:

- People are isolated from family supports, such as friends, relatives, neighbors and community groups because they prefer extreme privacy; they consistently fail to keep appointments, discourage social contact, and never participate in school or community activities or events.
- They seem to trust no one. Most of them didn't learn to trust others when they were children, and the pattern continues throughout their lives. This inability to trust makes it difficult to develop relationships and to reach out to others when they need help. Consequently, the lack of trust, combined with preference for privacy and isolation, produces loneliness and depression.
- They, themselves, were abused or neglected as children.
- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer vague or contradictory explanations.
- They respond inappropriately to the seriousness of the child's condition either by overreacting, seeming hostile or antagonistic when questioned even casually; or by underreacting, showing little concern or awareness and seeming more preoccupied with their own problems than those of the child.
- They refuse to consent to diagnostic studies.
- They fail or delay to take the child for medical care, routine checkups, optometric or dental care, or treatment of injury or illness. When taking an injured child for medical care, they may choose a different hospital or doctor each time.
- They are overcritical of the child and seldom, if ever, discuss the child in positive terms.
- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.
- They believe in the necessity of harsh punishment for children.
- They seldom touch or look at the child; they ignore the child's crying or react with impatience.
- They keep the child confined—perhaps in a crib or playpen—for overlong periods of time.
- They seem to lack understanding of children's physical, emotional and psychological needs.
- They appear to be misusing alcohol or drugs.
- They cannot be located when needed by school officials or others in authority.
- They appear to lack control, or fear losing control.
- They are of borderline intelligence, psychotic or psychopathic.

While such diagnoses are the responsibility of a psychiatrist, psychologist or psychiatric social worker, even the lay observer can note whether the parent seems intellectually capable of child rearing, exhibits generally

irrational behavior or seems excessively cruel and sadistic(4).

We may describe many more characteristics that abusing parents possess, but we must remember there is no stereotype. These parents do not fit a single psychological pattern which can be diagnosed, diagrammed, treated and prevented.

Characteristics of Abused Children

Just as abusive parents cannot be neatly categorized, neither can we tell which children will become abused. Just as no two parents are alike, no two children are exactly the same. In one family, a certain child may be abused because of quiet, passive behavior and a lack of interest in family activities or events. Another may suffer abuse because of boisterous and aggressive behavior. Although it may be impossible to "categorize" abused children, it may be helpful to discuss some general characteristics of abused children, so that you can be alerted to possible action. The following signs are not absolute; but in practical terms they should arouse concern, especially if more than one characteristic is present.

Abused children may share several of the following characteristics:

- They appear to be different from other children in the family in physical or emotional makeup, or their parents describe them as being "different" or "bad."
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores or other skin injuries.
- Their injuries seem to be inadequately treated.
- They show evidence of overall poor care.
- They are given inappropriate food, drink or medication.
- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation of being comforted; being excessively fearful, or seemingly fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.
- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child, particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.
- They may exhibit a sudden change in behavior: for example, displaying regressive behavior such as pants-wetting, thumb-sucking, frequent whining; becoming disruptive; or becoming uncommonly shy and passive.
- They take over the role of the parent, becoming protective or otherwise attempting to take care of the parent's needs.
- They have learning problems that cannot be diagnosed. If a child's academic, IQ and medical tests indicate no abnormalities but still the child

cannot meet normal expectations, the answer may well be problems in the home—one of which might be abuse or neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.

- They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or inability to regulate the child's schedule.
- In some cases, they frequently arrive at school too early and remain after classes rather than return home.
- They are inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving inadequate care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns or other marks of abuse.(5)

These are some of the general characteristics that abused children share. No one characteristic can account for abuse. Abused children usually have several of these characteristics in combination.

One would think that when children become school age, surely they would tell someone about their abusive situation. This is usually not the case. Children do not talk about being abused. If they have been reared in an abusive environment, it is all they know. They may think all homes are like theirs. They are suspicious of adults. To them, adults are cruel people who hurt them. In the past adults have not offered help, comfort or joy so why should they believe adults will meet their needs in the future?

Those who work with children should not expect an abused child to seek them out for help. In only the most unusual cases will a child speak out voluntarily. It is very important to believe the child who does talk about abuse in the family, particularly in cases of sexual abuse, because it is highly unlikely that the child is making up the story.

Strangely, abused children do not usually express hatred toward abusing parents. In fact, a child will often refuse to admit abuse has occurred. There is little understanding of the parent's behavior. Often children believe the abuse occurred because they did something wrong; they therefore feel guilty about their supposed misbehavior and seek love and forgiveness from the abusing parent.

It is important that you use care in approaching an abused child. As we discussed earlier, many abused children feel they, rather than their parents, are to blame for the situation or the injury. They are confused and frightened by another adult's concern. They may also fear their parents' retaliation because the injury or incident has been discovered. Sensitive, concerned adults must handle such problems carefully.

Adolescents are just as inclined as younger school-age children to cover up abuse. They think of it as a shameful secret. They are very concerned that no one find out about it because they do not know how to explain it.

Chapter Five

What Can I Do About Child Abuse?

When smoke is pouring out of a building, when cars screech and suddenly collide, when an armed robber races out of a building, when someone collapses on the sidewalk, we know where to call for the appropriate kind of help. We usually feel pretty confident about doing so, even if it occurs outside normal working hours. If a 2-year-old child is covered with bruises or burns, however, the average neighbor or relative is completely at a loss. Even most professionals who come in contact with the abused child are not confident that they know the procedures to follow. Almost everyone wonders about the risk of getting involved and the liability possibilities.

Everyone has a role in fighting the battle against child abuse. Everyone also has a grave responsibility to take some steps toward action. Why? Because everyone is an observer. We live in neighborhoods, work at jobs, shop in communities, attend places of worship, lead youth groups, go to schools, play in parks, attend ball games, and participate in groups and organizations. Because we are in daily contact with children and families, we are primary sources of information about the child abuse problem.

Our job is not to investigate suspected child abuse; investigation, diagnosis and prognosis are the responsibility of a state agency specifically designed for that purpose. Our obligation usually ends with reporting our observations and suspicions.

Much of our inability to help suffering children, however, stems from confusion about the laws and the procedures of reporting—our prime responsibility.

You need to understand the laws and issues involved in reporting abuse so that you can play an important role in combatting child abuse.

Following these three steps will help you in your fight:

1. Know your state's Child Abuse Law.
2. Know how to report abuse and neglect according to the law.
3. Know how to enlist relatives, neighbors and friends to prevent abuse.

If everyone follows these three steps, the incidence of child abuse will drop drastically and break the generational child-abuse cycle.

Let us review each one of these three steps.

Know the Law. Every state requires that suspected child abuse be reported, but every state also defines child abuse differently. Know your Child Abuse Law. It explains what should be reported and by whom. A copy of this law can be obtained from one of these sources:

- a department of social services
- a law enforcement agency

- a district attorney's office
- a city or county attorney's office
- a state attorney general's office
- a legislative drafting office
- a regional office of Child Development (U.S. Department of Health and Human Services)

The Child Abuse Law states that injury, sexual molestation, death, abuse or physical neglect which appears to have been inflicted upon any child under 18 years of age by other than accidental means *must* be reported by the following persons:

physician	hospital intern or resident
surgeon	dentist
osteopath	chiropractor
podiatrist	county medical examiner
nurse	psychologist
school personnel	social worker
law enforcement officer	

or

any other person having responsibility for child care.

Although these people must report cases of abuse, everyone *can* report and *should* feel a moral obligation to do so. The job of reporting is everyone's responsibility.

Know How To Report. We can also look to the law for answers to the following questions.

Q. Who reports?

A. Everyone.

Q. What do I report?

A. Knowing what to report and how to determine abuse can be solved by asking some simple questions:

First, look at the child's *appearance.*

Does the child have bruises and burns? Cuts and scratches?
Is the child consistently unwashed, with sores on arms and legs?
Does the child have patches of missing hair?
Does the child look thin, emaciated and underfed?
Is the child dressed adequately for the weather?

By themselves, these questions aren't reliable indicators of abuse. In fact, any one of these questions could be answered in the affirmative for just about any normal child under normal conditions. If the child usually has this appearance, however, or if a pattern occurs, the child may be at least neglected and probably is being abused.

Second, look at the child's *behavior.*

Does the child linger at neighbors' homes at mealtime, hinting for an invitation?
Does the child tend to be either extremely fearful or overly compliant?
Does the child frequently miss school?
Does the child appear to be largely unsupervised? Left unattended for long periods of time? Wandering about the neighborhood at unusual hours?
Is the child forced to take over adult responsibility for long periods of time?

Does the child exhibit emotional problems or severe illnesses that the parents fail to care for or treat?

Is the child demanding, aggressive and angry due to continual frustration?

If the answer to several of these questions is *yes*, and if the behavior is consistently exhibited over a period of time, you have good reason to suspect the child is being abused or neglected.

Q. Where do I report?

A. Every state has at least one agency designated to receive reports of suspected child abuse. In most states the agency is called the Department of Social Services. In some states it is called the Department of Youth and Family Services, the Department of Social and Rehabilitative Services, or the Department of Child Protective Services. In some states more than one agency is mandated to receive suspected reports of child abuse, resulting in some confusion. Of course, the best place to report is the agency that can respond immediately and will conduct a concerned, non-threatening, non-punitive investigation. In most states this agency is usually the Department of Social Services.

(In the back of this booklet is a page where you can write down important phone numbers of your local and state agencies and organizations which are concerned with child abuse.)

Q. When do I report?

A. Every state requires that a report of suspected child abuse be made "immediately" or "promptly." In other words, this means people are obligated to inform the appropriate agency the moment they suspect abuse.

Q. How do I report?

A. Many states require that an oral report be made by telephone. A few states require that a written report follow the oral report. A number of states now provide a 24-hour, toll-free telephone number for reporting suspected child abuse.

Q. How sure must I be before I report?

A. No fixed rule indicates what is sufficient evidence for reporting. The terms used in state statutes are "reasonable cause to believe" and "reasonable cause to suspect," which are very difficult to define. Common sense and moral obligation solve the problem: "If the doubt exists, resolve the doubt in favor of the child, and report."

Q. Must I identify myself when I report?

A. No. It is better for the child, however, if you do identify yourself. If a follow-up report is needed, you are available. If agency personnel need information that has been omitted, they can contact you for it.

Q. Do I have legal protection when I report?

A. The answer is *yes*. Persons who report in good faith are granted immunity from civil and criminal court action, even if the report proves to be erroneous. Many people fear that if they identify themselves when they report a suspected case of child abuse, the child's parents will sue them if it

is erroneous. The fact is that every state has a child-abuse law or statute granting immunity from civil and criminal liability if the report of suspected child abuse has been made in good faith. To reassure yourself of your legal protection, read the exact wording of your state's child-abuse law.

Q. What happens after I report?

A. A Department of Social Services worker or peace officer investigates the report and visits the family to verify the complaint. The philosophy is to protect children, prevent the separation or breakup of families when possible, and prevent further abuse. Sometimes counseling is all that is needed. Sometimes social service workers or parent aides work within the child's home, teaching the parents better parenting skills and methods for coping with life's pressures. Workers are able to link families with other agencies or services that can offer needed resources.

If the child is in immediate danger, however, he or she is removed to a temporary shelter home. If the child must be held there longer than 48 hours (excluding Saturdays, Sundays and holidays), a dependency petition is filed. The petition states that the court has jurisdiction in the matter and lists the allegations or charges of abuse and neglect. If the court accepts the petition, it assumes jurisdiction over the case and begins a series of hearings.

It is important to note that a major goal of protective service programs is to keep the child at home. There are times, however, when a child is not safe or the parents are unresponsive to all efforts to improve the situation. Then the child is removed from the home temporarily or, if necessary, permanently.

Chapter Six

What Are Long-Term Solutions?

We have discussed some immediate steps to solve individual cases of abuse, but we also need to take a look at prevention of the problem.

In addition to reporting suspected cases of child abuse, you can play an important role in prevention by supporting community programs, activities and projects aimed at children and families before they are in crisis.

1) Ensuring Children's Rights

Most people would agree that children are entitled to a safe home environment where they can grow and develop to their fullest potential and their greatest capability. The difficult question to answer in a democratic society is this: at what precise point should the state intervene when parents are not providing a safe environment for their children? On one hand, parents have a "right" to raise their child as they see fit; but on the other hand, the child has a "right" to receive reasonable care and protection and to be free of cruel and inhuman punishment.

Traditionally, children have been entitled to custody, not rights, and to legal protection through child labor laws and child maltreatment laws. During the past decade, the U.S. Supreme Court has determined that children do have certain rights. And, the Child Abuse Prevention and Treatment Act, enacted by Congress, *implies* that each child has the right to be free of that threat to life and health. All states and territories now have protective statutes and laws that assume basic child protective rights.

2) Advocacy for Children's Rights

Just as everyone is an observer, also everyone must be a concerned advocate for children's rights. An advocate for the child and the family generally speaks or writes in favor of the protection of children's rights and needs and the optimal development of families. Besides speaking and writing, an advocate must *act* in order to be effective. Volunteers who do no formal writing or speaking on these issues are nevertheless advocating children's rights as demonstrated by their commitment and time spent in the volunteer role. Many opportunities and activities are available, valuable and worthwhile to the cause.

One does not have to be a professional to become a child advocate and to raise public awareness. Children do not have an official spokesperson. Child advocates can be their voice in meetings where decisions are being made that affect the future health and well-being of children. They can defend children when children's opinions and ideas are discounted as having no worth. They may not have children of their own or even work with children. The only requirement for a child advocate is that he or she

be willing to respond to the child's needs and be sensitive to ensure that the child's best interests are being served.

Currently, both professional and lay volunteers are the core of many child-abuse programs across the U.S. No doubt volunteers play a unique role and offer a valuable contribution to abuse problems. When they are involved in such an important cause, they tend to discuss it with family, friends, relatives, neighbors and colleagues; so the public becomes aware of the problem and also how the problem is being treated in their community. Volunteers demonstrate how public awareness works at its best.

Most volunteers are willing to be trained before beginning their "job." Training may involve the study of medical, social and legal aspects of child abuse; recognizing characteristics of the abused parent and child; and learning ways to motivate and encourage the parent's involvement in treatment programs. Other volunteer roles that require little or no special skills or education include chauffeuring, organizing and coordinating, increasing public awareness, and soliciting other volunteers and professionals.

Sometimes the most effective action starts at home. Listed below are some of the goals you can accomplish in your community with the help of others.

- Reach out and befriend an isolated or lonely parent in your neighborhood. Young mothers and fathers need an occasional relief or break from their child-rearing routine.
- With friends and neighbors, start a baby-sitting group, a cooperative, a parent-relief club or even a foster grandparent service.
- Establish a crisis hotline or warm "tot line" for families who are in trouble or need information about the progress of their child's growth and development.
- Inquire at your school system about educational programs that help prevent child abuse. If it has no program in child development, parenting or family-living skills, volunteer to organize a group of parents to help write goals, objectives and curricula for such classes.
- Request that child abuse be added as a topic on the program schedule of your service group, church group or fraternal organization.

Another goal to consider is to find out what agencies and organizations are working on the preventive aspects of child abuse as well as those which work with abusive families. Volunteer your services and talents. Any organization always has need for volunteers who will fund-raise; serve as parents' aides, lay therapists and surrogate parents; or be a liaison between the professionals and the community.

If there is a lack of services to abused children and their families in your community, begin planning or organizing some. Find out what is being done and what needs to be done, and try to fill in these gaps. Educate yourself about the child-abuse laws in your state so that you have the correct information about protective agencies and prevention programs.

Prevention is the only key that will solve the child-abuse problem. If concerned citizens focus their attention on prevention, others will join in to help. Ask yourself how you can be a part of preventive child abuse through advocacy and volunteering.

3) Child Development Information and Education

Today's young parents, often isolated from relatives, may have grown up without having contact with younger children or without baby-sitting experiences. Because they lack practical experiences and contacts with infants and toddlers and have only limited knowledge of child development, most new parents often have unrealistic and naive expectations of children. Not knowing what to expect from a child, they may punish or physically abuse that child for quite normal behavior at that stage of development.

One effective way to educate new or expectant parents about child development and parenting skills is through distribution of publications. For example, the "Welcome-Baby" is a hospital-based program, designed to give support to all mothers who have just had a baby. Trained volunteers visit local hospitals twice weekly to pass out newsletters or booklets on infant care and parenting. The volunteer may serve as an information and referral source to the new parents. Information booklets can also be placed in doctors' offices and hospital waiting rooms and distributed at childbirth classes.

The Cooperative Extension Service in each state provides information and materials on child development, family relations, communication and other family-related issues. By reading these, parents can better understand what to expect from their child's growth and behavior. Contact the Extension Home Economist in your County Extension office for more information about these materials.

Education for parenthood is a significant strategy for preventing potential child abuse. When parents are prepared for child rearing, they undertake the job with realistic expectations and with a practical knowledge that will help them deal effectively with their children.

If we are to reduce the number of abused children, we must look to long-range preventive measures and begin with today's children who are the parents of tomorrow. Educating children and teens for family life can be one of the most effective preventive measures against abuse. Comprehensive family life education should begin in kindergarten and should develop over the years through the 12th grade—for boys and girls—and on through college. For maximum benefit, students should receive both theoretical classroom experience and practical experience, working directly with family stress, problem-solving, valuing, child development and parenting skills.

Although prevention as a strategy for dealing with child abuse needs

more exploration, experimentation and development, education for parenting is an effective way to begin to develop healthier families.

4) Self-Protection for Children

Although abusive situations often occur in the home and even within the family circle, many crimes are committed by older children against younger children at school or on the street. Some sex offenses are committed by people who frequent shopping malls, arcades, playgrounds and theaters. As crime rates continue to increase across the U.S., parents, teachers, neighbors and youth workers can help alleviate some of the child-related offenses by giving children some rules and guidelines to follow for their own protection.

One of the best preventive measures against crime is a caring neighbor who has volunteered to provide help for children in trouble. Sometimes these neighbors, living in various communities across the U.S., provide shelter on a temporary basis until a parent can be called.

Children need to know they do not have to suffer abuse as a part of disciplining measures. By the time children reach school age, they should know that whippings, beatings, bruising, burns, bites and cuts are not the way most parents get their children to behave in acceptable ways. Open, frank discussions about disciplining methods should be held in kindergarten and 1st grade. Children can learn that families have many different but appropriate methods of dealing with wrongdoings. Maltreatment, however, is never an appropriate method of changing or correcting behavior. A very fine line exists between overdisciplining and abuse, and 5- and 6-year-old children can learn to understand that difference. And, at the same age, or at an even younger age, children can learn that no one should touch their private parts or abuse their bodies in any way.

Children are the greatest resource we have, yet they tend to be our greatest forgotten resource at times. Before they reach school age, they may not be able to reason whether their abusive treatment is good or bad; but at school they have an opportunity to compare notes with other children their age and find out if other parents abuse or neglect their children as they are being abused and neglected. It is the responsibility of caring adults to reach out to these children and find ways to ensure their right to a safe and secure environment.

5) Self-Help Programs

If you are a parent reading this booklet, you may see yourself in some of the categories that define abusive behavior. Perhaps you are wondering just what to do about it. Self-identification is important in solving the problem, and you may be ready to take some important steps.

How do abusive parents know if they need help?

First, ask yourself some questions: "Is my life totally out of control?" "Am I in crisis right at this moment?" "Am I flirting with a potentially

dangerous situation?" Perhaps you have a relationship with your children that has not yet developed into a crisis situation but you fear that it might. Either way, you need to take some immediate action.

To help you identify the specific problem, answer further questions as honestly as you can:

- Do I behave in ways that are out of control?
- Do I feel I am a very poor parent?
- Do I hate myself for some of the things I do to my child?
- Do I hurt my child because I am angry with myself?
- Do I hurt my child because I am frustrated with someone else?
- Was I abused as a child?
- Am I suspicious and distrustful of other people?
- Do I feel lonely and alienated from those around me?
- After really punishing my child severely, do I feel disgusted with myself or ashamed?
- Have I ever injured my child, then lied about it, saying such things as "He ran into the door," "He fell out of bed," "She tumbled down the stairs," or "She fell off her bike?"
- Do I make elaborate vows never again to behave in certain ways—and then do the very thing I made a vow not to do?
- Do I want help?

If you answer *yes* more than *no* to these questions, you may want to seek help as soon as possible. Remember, you are not alone. Many parents feel as you do, have reached out for help and have solved their problem.

What Steps Can Abusive Parents Take To Get Help?

The first step is very important: *REACH OUT FOR HELP.* If you have identified the problem and want to get help, you can do it. Almost every community has at least one of the following helping organizations or agencies.

- Child Protective Services: Most agencies have counselors available 24 hours a day to talk with parents.
- Crisis nurseries or day care centers: Most nurseries have facilities to take children, day or night, when they become too much to handle. Sometimes the best immediate solution is to put your child in another environment temporarily. A day or two of separation from your child may help you seek additional aid.
- Police or sheriff's department: Many departments have specifically trained personnel for counseling, intervening or helping in crisis situations.
- Parents Anonymous: Most PA groups are self-help groups which meet weekly or twice a week to share common problems of abuse and neglect.
- Family counseling centers: These organizations may be public or private in nature, but many can provide emergency services as well as long-term counseling.
- Churches: There are concerned, caring clergy in every community

who can respond effectively in crisis situations as well as provide ongoing support for families.

If you are near the end of your rope, don't do anything drastic; help is available. Try a phone call to any of these groups, organizations or agencies. They have been successful in helping many families get their feet back on the ground. They have skills and abilities to help you solve your problem.

After you have taken the first step—reaching out for immediate help—a second step is to work with a person or group of people who can give you support and counseling over a period of time. Your problem didn't occur overnight, and you can't expect it to disappear quickly.

A third important step toward solving your problem is to invest in some good parenthood education. Fortunately, this type of education comes in many different topics, delivery media and timelines.

Here are some of the topics on which you may focus:

- discipline
- communication
- problem-solving
- child rearing
- relationships
- roles
- developmental levels
- decision-making

Information about these topics can be found in the following delivery media:

- courses
- classes
- conferences
- seminars
- discussion groups
- television programs
- radio programs
- newspaper articles
- books
- pamphlets
- movies
- slide series
- filmstrips

These delivery media may have the following timelines and places:

- a yearly course at a university
- a semester course at a community college
- a short course at a school, church or agency
- a weekly meeting in your community
- a day-long conference or seminar
- an hour-long program on TV or radio

Remember, those authorities who have worked with abusive and neglectful individuals say that if abusive parents seek help for their problem,

the success rate is high for effective solution. Reach out and take that first step.

Parents Anonymous Groups

As previously mentioned, Parents Anonymous (PA) is a national organization with local chapters in most cities. It focuses specifically on parents who are having child-rearing problems. The group is organized so that parents can share the joys, frustrations and stresses of parenting. It is a non-condemning support group that helps parents try to improve their child-rearing skills and practices and focuses on raising both the parent's and the child's self-image and feelings of worth. There are PA groups in many communities. Contact your local social service office for more information.

Churches, schools, community service groups such as Boy/Girl Scouts, Big Sister/Brothers, 4-H and others all help the abused child in ways in which the parent may not be able. For example, the adults in charge of supervision may be able to spend time sharing thoughts, feelings, goals and dreams with the children. Most cities have some of these programs for children. Check your local phone book for a listing.

6) Emergency Child-Care Facilities

Crisis nurseries or shelters offer immediate, short-term relief for parents who are temporarily unable to care for their children properly. The facilities are accessible on a 24-hour basis. Many times, parents who are under stress need a few hours or a few days to work on their problems without additional child-care responsibilities. The crisis nursery can fulfill this need.

These are only a few of the programs, activities and projects available to families in crisis or before crisis. If you are aware of these resources, you can join in supporting them. Community-developed programs usually are successful because they are based on values important to the particular community. Community-developed programs work also because the needs that arise within the framework of those values are tailored to the geographic, cultural and societal flavor of the members of the community.

Child abuse is our problem—yours and mine. It is increasing every day. It must be stopped and we can stop it. First, we must understand the problem, know how to report it, and then join forces with others in the community to support programs aimed at prevention.

The UN Declaration of the Rights of Children

In November 1959, the United Nations declared 10 basic rights for every child in the world. Many countries, including the U.S., do not ensure these basic rights for children. Yet they serve as a reminder, a set of goals or a guide for legal decisions, educational programs and our own thinking. We list here these 10 basic human rights of children:

- The right to affection, love and understanding.
- The right to adequate nutrition and medical care.
- The right to free education.
- The right to full opportunity for play and recreation.
- The right to a name and nationality.
- The right to special care, if handicapped.
- The right to be among the first to receive relief in times of disaster.
- The right to learn to be a useful member of society and to develop individual abilities.
- The right to be brought up in a spirit of peace and universal brotherhood.
- The right to enjoy these rights, regardless of race, color, sex, religion, national or social origin.

Our children are the most important resource we have for a better world. To champion these basic rights is to realize that ultimately our children's future and our world's future are one and the same.

Resources

Child Protective Services _____
Police _____
Sheriff _____
Parents Anonymous _____
Local Hotline _____
National Hotline 1-800-421-0353

NCCAN, P.O. Box 1182, Washington, DC 20013. Clearinghouse for child abuse information; User Manual Series.

Center for the Prevention of Sexual and Domestic Violence, 4250 Mead Street, Seattle, WA 98118. Christian-oriented Domestic Violence Project; free newsletter.

The American Humane Association, P.O. Box 1266, Denver, CO 80201; (303) 779-1400. Resources on all types of child abuse and neglect; many free publications.

Educational Development, Tampax Incorporated, Lake Success, NY 11042. Educational materials on reproductive health—most free.

Human Sciences Press, 72 Fifth Avenue, New York, NY 10011. Published various books in many areas, including incest and sexuality.

Center for Women Policy Studies, 2000 P Street, NW, Suite 508, Washington, DC 20036. Newsletter: *Response to Violence in the Family*.

The Alan Guttmacher Institute, The Research and Development Division of Planned Parenthood Federation of America, 515 Madison Avenue, New York, NY 10022. Publishes Family Planning journals; published *11 Million Teenagers* and *Teen-age Pregnancy*, excellent statistics on adolescent sexuality and pregnancy.

American Social Health Association, V.D. National Hotline, 260 Sheridan Avenue, Palo Alto, CA 94306; 1-800-227-8922. Sponsors National toll-free V.D. information hotline; free newsletter.

National Association of Social Workers, 1425 H Street, NW, Suite 600, Washington, DC 20005. Publishes three journals and other resources for social workers.

National Committee for Prevention of Child Abuse, 332 South Michigan Avenue, Suite 1250, Chicago, IL 60604; (312) 663-3520. Books, booklets, pamphlets, etc., on the subject of child abuse.

Child Welfare League of America, Inc., 67 Irving Place, New York, NY 10003; (212) 254-7410. Accredits treatment and service agencies; wide variety of resources available.

Perennial Education, Inc., 477 Roger Williams, P.O. Box 855 Ravinia, Highland Park, IL 60035. Films and other sex education/health education materials.

Spenco Medical Corporation, P.O. Box 8113, Waco, TX 76710; 1-800-433-3334 (outside TX) or 1-817-772-6000 (inside TX). Variety of health education materials.

Focus International, Inc., 333 West 52nd Street, New York, NY 10019; (212) 586-8612. Films on a wide variety of human sexuality issues.

SIECUS (Sex Information and Educational Council of the U.S.), 80 Fifth Avenue, Suite 801-2, New York, NY 10011; (212) 673-3850. Quarterly newsletter on sexuality; resource library, study guides, etc.

MTI Teleprograms, Inc., 3710 Commercial Avenue, North Brook, IL 60062. Films on child abuse and other areas; including "Incest, the Victim Nobody Believes" and "Double Jeopardy".

The American Association of Sex Educators, Counselors, and Therapists (AASECT), 600 Maryland Avenue, SW, Washington, DC 20024. Journal of Sex Education and Therapy; Newsletter; professional association for Human Sexuality educators, counselors and therapists.

Human Services in the Rural Environment, Office of Continuing Social Work Education, The University of Tennessee School of Social Work, 2012 Lake Avenue, Knoxville, TN 37916; (615) 974-6015. Publishes journal; office is also the regional resource center for child abuse and neglect information.

Understanding Human Sexual Inadequacy, A Bantam Book/Little, Brown and Co., Copyright 1970. An excellent book: "A clear, simple explanation of the coast-to-coast bestseller, *Human Sexual Inadequacy*."

Lauren Production, P.O. Box 666, Mendocino, CA 95460. Films, including "The School Response to the Sexually Abused Child" and others.

Knoxville Institute for Sexual Abuse Treatment Training, 2602 East Fifth Avenue, Knoxville, TN 37914; (615) 524-2653. Treatment Training Center for professionals in child sexual abuse and family violence.

Sexual Assault Center, Harborview Medical Center, 325 Ninth Avenue, Seattle, WA 98104; (206) 223-3047. Treatment Training Center on Child Sexual Abuse Federal Regions VIII and X.

Holt, Rinehart & Winston Co., 383 Madison Avenue, New York, NY 10017; (212) 872-2000. Publishers of texts, including "Education for Sexuality."

CAUSES, 836 West Wellington Avenue, Chicago, IL 60657; (312) 472-6924. Treatment Training Center on Child Sexual abuse for people in Federal Regions V and VII.

The Joseph J. Peters Institute, 112 South 16th Street, Philadelphia, PA 19102; (215) 568-3461. Treatment Training Center for Child Sexual Abuse for people in Federal Regions I, II and III.

Gerber Products Company, Fremont, Michigan 49412. Free booklets on parenting, childhood nutrition, teen mothers.

Ortho Pharmaceuticals, Raritan, NJ. Booklets and brochures on variety of sexual health issues.

Raj Publications, P.O. Box 18599, Denver, CO 80218. High quality booklets on sexuality for a wide audience.

Personal Products Co., Milltown, NJ 08850. Manufacturer of sanitary products; free booklets on puberty, menstruation, etc.

Rocky Mountain Planned Parenthood, 1527 Alton Street, Aurora, CO 80010. Educational materials in human sexuality.

Girls Clubs of America, National Resource Center, 441 West Michigan St., Indianapolis, IN 46202. Publisher of *Facts and Reflections on Female Adolescent Sexuality* and other resources; clearinghouse of information on programs and research for and about girls.

RESOURCES: Copyright 1981—Child and Family Services, Janet Rosenzweig (Dallas, Texas)—Revised 1-83.

End Notes

1. Child Abuse Prevention and Treatment Act 42, U.S.C. 5101.
2. Child Sexual Abuse: Incest, Assault, and Sexual Exploitation, U.S. Department of Health and Human Services Publication No. (OHOS) 81-30166, April 1981.
3. Russell, D. E. 1983. The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children. *Child Abuse and Neglect, The International Journal*. Vol 7, No. 2, p. 133-146.
4. Child Abuse and Neglect: The Problem and Its Management, Vol. 1, Department of Health and Human Services, Publication No. (OHD) 75-30073.
5. *Ibid*.

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